

1795

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 256	
1. PLACE OF DEATH				COUNTY <u>Maricopa</u> STATE <u>ARIZONA</u>			
TOWNSHIP <u>Phoenix</u>				OR VILLAGE <u>Good Samaritan Hospital</u>			
CITY <u>Phoenix</u>				NO. <u>1602</u> WARD <u>1602</u>			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF CITY AND NUMBER)				IN CITY OR TOWN WHERE DEATH OCCURRED <u>10</u> YRS. <u>10</u> MOS. <u>10</u> DS.			
2. FULL NAME <u>Charles Arvil Brannon</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>10</u> YRS. <u>10</u> MOS. <u>10</u> DS.			
(A) RESIDENCE: NO. <u>Route 1, Box 123, Tempe</u>				WARD <u>Newport, Arkansas</u>			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Alva Brannon</u> (OR) WIFE OF							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19, 189</u>							
7. AGE		YEARS <u>42</u>		MONTHS <u>8</u>		DAYS <u>26</u>	
				IF LESS THAN 1 DAY, <u>1</u> HRS. <u>0</u> MIN.			
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Farmer</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)							
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Faulkner County Arkansas</u>							
13. NAME <u>Owen Brannon</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>							
15. MAIDEN NAME <u>Fannie Hodge</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>							
17. INFORMANT (ADDRESS) <u>Alva Brannon Newport, Arkansas</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DATE</u> 19 <u>1936</u>							
19. EMBALMER (SIGNATURE) <u>W. E. Walters</u> LICENSE NO. <u>1477</u>							
FUNERAL DIRECTOR <u>Grimshaw Acton Mortuary</u>							
ADDRESS <u>334 West Monroe</u>							
20. FILED <u>12-16</u> , 19 <u>36</u> <u>W. E. Walters</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 15, 1936</u>							
22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Dec. 13-36</u> TO <u>Dec. 15, 1936</u>							
I LAST SAW HIM ALIVE ON <u>Dec. 13, 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:30 A.</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Subman</u> <u>about 1930</u>							
<u>Tuberculosis</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE <u>Rangetown T.B.</u>							
<u>T.B. acquired in Arkansas</u>							
NAME OF OPERATION <u>DATE OF</u>							
WHAT TEST CONFIRMED DIAGNOSIS? <u>WAS THERE AN AUTOPSY?</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>DATE OF INJURY</u> , 19 <u>1936</u>							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED?							
IF SO, SPECIFY (SIGNED) <u>W. E. Walters</u> M. D.							